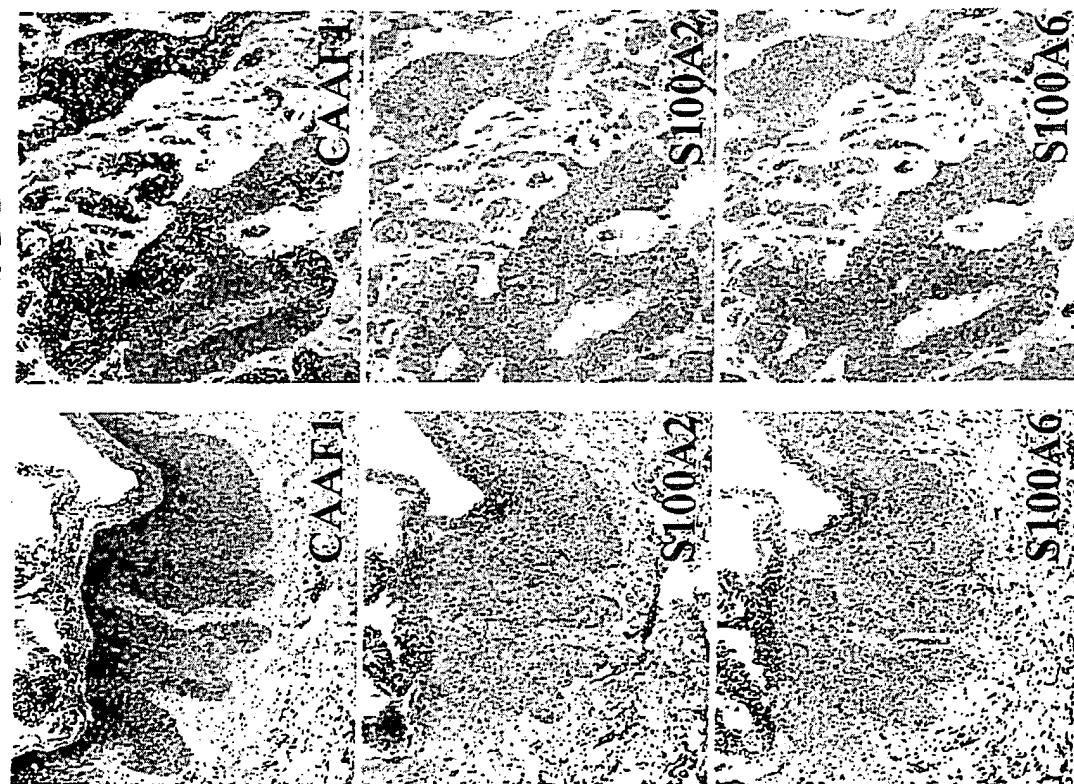


Fig 2. Expression of CAAF1 in skin disorders
Bowen's disease **SCC**



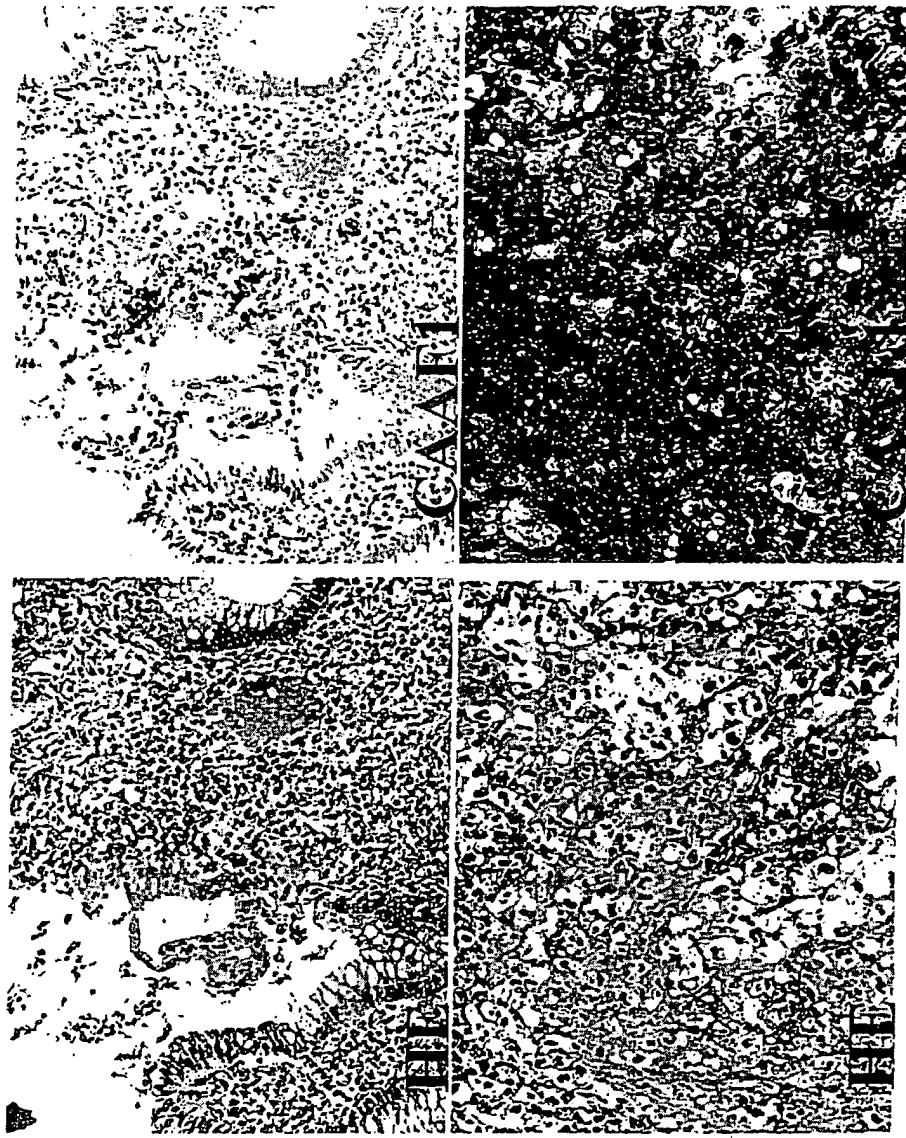
Bowen's disease of squamous cell carcinoma (SCC in situ) and squamous cell carcinoma of the skin demonstrated strongly positive reactions for CAAF1 at the affected sites in all four cases analyzed by immunostaining. However, expression of S100A2 and S100A6 was not observed.

Table. Expression of CAAF1 in skin disorders

Diagnosis	Immunoreactivity
Normal adult skin	-
<u>Inflammatory disease</u>	
Dermatitis	+
Erythema multiforme	-/+
<u>Keratinization disorder</u>	
Ichthyosis vulgaris	-
Psoriasis vulgaris	+
Porokeratosis	-
Lichen planus	-
<u>Bullous disease</u>	
Pemphigus vulgaris	-
Bullous pemphigoid	-
<u>Epidermal tumor</u>	
Epidermal cyst	+
Verruca vulgaris	+
Seborrheic keratosis	-/+
Basal cell carcinoma	-
Actinic keratosis (SCC <i>in situ</i>)	+
Bowen's disease (SCC <i>in situ</i>)	++
Squamous cell carcinoma	++
Extramammary Paget's disease (adenocarcinoma <i>in situ</i>)	-

-, negative; +, positive; ++, strongly positive

Fig 3. CAAF1 in inflammatory bowel disease



Cases of inflammatory bowel disease in the form of ulcerative colitis. Expression of CAAF1 was observed at erosion sites around the ulcerations (top). Strongly positive reactions were observed for CAAF1 at sites where necrosis was occurring at the sites of ulceration (bottom). All three immunostained cases demonstrated similar findings.

Fig 4. CAAF1 in reactive PMNs



Although PMN are activated as a result of stimulation by migration factor and adhere to vascular endothelium, PMN adhered to human subcutaneous vascular endothelium were strongly positive for CAAF1. In addition, perivascular tissue to which PMN were adhered was also positive for CAAF1. The triangles indicate PMN, while the arrows indicate vascular endothelium.